

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -3 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H22586 (2)

1. Corporation Name

SYSTEMS & FORMS, INC.

Principal Place of Business

% RALPH P. MANGIONE
201 NORTH FRANKLIN STREET, SUITE 2600
TAMPA FL 33601

Mailing Address

% RALPH P. MANGIONE
201 NORTH FRANKLIN STREET, SUITE 2600
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/25/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2451531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

MANGIONE, RALPH P.
201 NORTH FRANKLIN STREET
SUITE 2600
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

PSD
BISHOP, BRUCE JONAS, JR.
13183 38TH STREET, NORTH
CLEARWATER FL

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY - ST - ZIP

T
BISHOP, BRUCE JONAS, JR.
13183 38TH STREET, NORTH
CLEARWATER FL

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY - ST - ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY - ST - ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY - ST - ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY - ST - ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

13.6 NAME

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13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or the owner or trustee, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or omitted from the previous year's report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE J. BISHOP, JR.

DATE

DAYTON PHONE #